

## Centers for Medicare & Medicaid Services, HHS

## § 488.3

### § 488.2 Statutory basis.

This part is based on the indicated provisions of the following sections of the Act:

- 1128—Exclusion of entities from participation in Medicare.
- 1128A—Civil money penalties.
- 1138(b)—Requirements for organ procurement organizations and organ procurement agencies.
- 1814—Conditions for, and limitations on, payment for Part A services.
- 1819—Requirements for SNFs.
- 1820—Requirements for CAHs.
- 1832(a)(2)(C)—Requirements for Organizations that provide outpatient physical therapy and speech language pathology services.
- 1832(a)(2)(F)—Requirements for ASCs.
- 1832(a)(2)(J)—Requirements for partial hospitalization services provided by CMHCs.
- 1861(e)—Requirements for hospitals.
- 1861(f)—Requirements for psychiatric hospitals.
- 1861(m)—Requirements for Home Health Services
- 1861(o)—Requirements for Home Health Agencies
- 1861(p)(4)—Requirements for rehabilitation agencies.
- 1861(z)—Institutional planning standards that hospitals and SNFs must meet.
- 1861(aa)—Requirements for RHCs and FQHCs.
- 1861(cc)(2)—Requirements for CORFs.
- 1861(dd)—Requirements for hospices.
- 1861(ee)—Discharge planning guidelines for hospitals.
- 1861(ff)(3)(A)—Requirements for CMHCs.
- 1861(ss)(2)—Accreditation of religious non-medical health care institutions.
- 1863—Consultation with state agencies, accrediting bodies, and other organizations to develop conditions of participation, conditions for coverage, conditions for certification, and requirements for providers or suppliers.
- 1864—Use of State survey agencies.
- 1865—Effect of accreditation.
- 1875(b)—Requirements for performance review of CMS-approved accreditation programs.
- 1880—Requirements for hospitals and SNFs of the Indian Health Service.
- 1881—Requirements for ESRD facilities.
- 1883—Requirements for hospitals that furnish extended care services.
- 1891—Conditions of participation for home health agencies; home health quality.
- 1902—Requirements for participation in the Medicaid program.
- 1913—Medicaid requirements for hospitals that provide NF care.

1919—Medicaid requirements for NFs.

[60 FR 50443, Sept. 29, 1995, as amended at 64 FR 67052, Nov. 30, 1999; 77 FR 67164, Nov. 8, 2012; 80 FR 29834, May 22, 2015]

### § 488.3 Conditions of participation, conditions for coverage, conditions for certification and long term care requirements.

(a) *Basic rules.* To be approved for participation in, or coverage under, the Medicare program, a prospective provider or supplier must meet the following:

(1) Meet the applicable statutory definitions in section 1138(b), 1819, 1820, 1832(a)(2)(C), 1832(a)(2)(F), 1832(a)(2)(J), 1834(e), 1861, 1881, 1883, 1891, 1913 or 1919 of the Act.

(2) Be in compliance with the applicable conditions, certification requirements, or long term care requirements prescribed in part 405 subparts U or X, part 410 subpart E, part 416, part 418 subpart C, parts 482 through 486, part 491 subpart A, or part 494 of this chapter.

(b) *Special conditions.* The Secretary shall consult with state agencies and national AOs, as applicable, to develop CoP, CfC, conditions for certification and long term care requirements.

(1) The Secretary may, at a state's request, approve health and safety requirements for providers or suppliers in the state that exceed Medicare program requirements.

(2) If a state or political subdivision imposes requirements on institutions (that exceed the Medicare program requirements) as a condition for the purchase of health services under a state Medicaid plan approved under title XIX of the Act, (or if Guam, Puerto Rico, or the Virgin Islands does so under a state plan for Old Age Assistance under title I of the Act, or for Aid to the Aged, Blind, and Disabled under the original title XVI of the Act), the Secretary imposes similar requirements as a condition for payment under Medicare in that state or political subdivision.

[80 FR 29835, May 22, 2015]